

JUL 23 2004

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FACSIMILE TRANSMITTAL

TO:

Name: Art Unit 3731/Examiner U. Ho
Firm: U.S. Patent & Trademark Office
Fax No.: 703-872-9306
Subject: U.S. Patent Application No. 09/626,636
Gary Karlin Michelson, M.D.
Filed: July 27, 2000
A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY
(as amended)
Attorney Docket No. 102.0003-04000
Customer No. 22882
Confirmation No.: 6124

FROM:

Name: Thomas H. Martin, Esq.
Phone No.: 330-877-2277
No. of Pages (including this): 22
Date: July 23, 2004
Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$18.00 additional claims fee is to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on July 23, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/626,636

Filed: July 27, 2000

For: A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY
(as amended)

Confirmation No. 6124

JUL 23 2004

Art Unit: 3731
Examiner: U. HoMail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action dated June 30, 2004 in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	160	-	159	1	LG=\$18 SM=\$9	\$18 \$ 18.00
INDEPENDENT CLAIMS FEE	5	-	5	0	LG=\$88 SM=\$43	\$88 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$145	\$ 0
TOTAL						\$ 18.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the total amount of \$18.00 to the cover the additional claims fee is to be charged to Deposit Account No. 50-1068.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: July 23, 2004

By: Thomas H. Marlin
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In re Application of:)	Confirmation No 6124
Gary Karlin Michelson, M.D.)	
Serial No.: 09/626,636)	Group Art Unit: 3731
Filed: July 27, 2000)	Examiner: U. Ho
For: A GUARD FOR USE IN)	
PERFORMING HUMAN)	
INTERBODY SPINAL SURGERY)	
(as amended))	

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated June 30, 2004, please amend the application
as follows:

Amendments to the Claims are reflected in the listing of claims: which begins on
page 2 of this paper.

Remarks begin on page 18 of this paper.

Amendment 7-23-04.doc